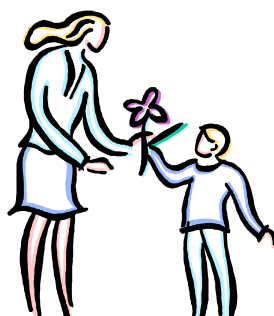


Family no.:

Interviewer no. :

Language : 2



Self-Administered Questionnaire for mother (SAQM)

Quebec Longitudinal Study of Child Development (QLSCD – E13) - Round 2010

This questionnaire must be filled out by the child's mother (child AGED ABOUT 12 years OLD).

Thank you for your cooperation which is so essential to the success of this study. It is important to answer all questions to the best of your knowledge. There are no right or wrong answers.

If you have questions or require additional information concerning this study, please contact *Direction des enquêtes longitudinales et sociales* of *Institut de la statistique du Québec* (toll-free) 1 877 677-2087 or 514 873-4749.

This questionnaire will remain strictly confidential.

IT'S IMPORTANT TO FILL OUT THE QUESTIONNAIRE BY YOURSELF and as soon as possible. Make sure to seal the enclosed envelope before sending it by mail or please give it back to the interviewer when she will visit you.

Questionnaire status :	Completed	1
	Partially completed	2
	Not completed	3

Date received :
(Interviewer) Day Month Year

Date received :
(BIP) Day Month Year

Direction des enquêtes longitudinales et sociales

Institut de la statistique du Québec
1200 McGill College Avenue
Montréal (Québec) H3B 4J8
Tel.: (toll free) 1 877 677-2087 or 514 873-4749

BIP – Bureau d'intervieweurs professionnels

630 Sherbrooke West Street
Suite 210
Montréal (Québec) H3A 1E4
Tel.: (toll free) 1 877 843-7304 or 514 372-8304

Instructions and examples

You will find there are several possible answers to the following questions. Unless otherwise indicated, we ask you to choose only one answer for each question. As there are no right or wrong answers, the idea is to choose the answer best suited to your personal situation and circle the corresponding number. Please consider the instructions following your choice (**ex.: Go to question...**).

Here are a few sample questions and answers to illustrate what we mean.

Example 1

3. In general, at what time does your child go to bed for the NIGHT?

- a) Week: 20 hour(s) 30 minute(s)
(Sunday to Thursday)
- b) Weekend: 21 hour(s) 30 minute(s)
(Friday, Saturday)

Example 2

11. **IN THE PAST WEEK** at home **AND** at school (or school's daycare service), on average, how many times during the week or how many times per day has your child (of ABOUT 12 years) eaten the following foods:

- ♦ If you have joint custody of the child, please refer to the most recent week spent with the child
- ♦ Circle only one answer to each statement

In the past week...	None	Times (in the week)			Times (per day)			
		1-2	3-4	5-6	1	2	3	4 and +
a) Milk	1	2	3	4	5	6	7	8
b) Cheese	1	2	3	4	5	6	7	8
c) Yogurt, milk desserts (example: Laura Secord milk puddings)								
♦ Excluding ice cream	1	2	3	4	5	6	7	8

Let's begin...

Section 1

About your child's (of ABOUT 12 years) sleeping habits...

1. What is your relationship with the child (of ABOUT 12 years)?

You are his/her biological mother1

You are the current spouse or partner of the child's father but
not his/her biological mother.....2

You are someone else (e.g.: grandmother, aunt, legal
guardian, etc.).....3

You are the adoptive mother of the child4

2. Indicate how long in total your child sleeps during the NIGHT (on average):

♦ **Do not count the time that your child is awake**

_____ hour(s) _____ minute(s)

3. In general, at what time does your child go to bed for the NIGHT?

a) Week: _____ hour(s) _____ minute(s)
(Sunday to Thursday)

b) Weekend: _____ hour(s) _____ minute(s)
(Friday, Saturday)

4. In general, at what time does your child wake up in the MORNING?

a) Week: _____ hour(s) _____ minute(s)
(Monday to Friday)

b) Weekend: _____ hour(s) _____ minute(s)
(Saturday, Sunday)

5. If given the choice, your child would rather go to bed around :

_____ hour(s) _____ minute(s)

6. If given the choice, your child would rather get up around :

_____ hour(s) _____ minute(s)

7. In general, is your child sleepy during the day?

♦ **Circle only one answer**

Never 1
Sometimes 2
Often 3
Always 4
Don't know 8

8. In general, ...

♦ **Circle only one answer to each statement**

	Never	Sometimes	Often	Always
a) ... does your child (of ABOUT 12 years) talk in his/her sleep?	1	2	3	4
b) ... does your child walk in his/her sleep?	1	2	3	4
c) ... does your child have night terrors (wakes up suddenly, crying, sometimes drenched in sweat and confused)?	1	2	3	4
d) ... does your child (of ABOUT 12 years) grind his/her teeth during the NIGHT?	1	2	3	4
e) ... does your child pee in his/her bed at NIGHT?	1	2	3	4
f) ... does your child have bad dreams ?	1	2	3	4

9a. Does your child (OF ABOUT 12 years) have unpleasant sensations in his/her legs that **force him/her to move**?

♦ **Circle only one answer**

Yes..... 1

No..... 2 → **Go to question 10**

9b. Is it worst in the evening or at night than in the day?

♦ **Circle only one answer**

Yes..... 1

No..... 2

9c. Is it worst while resting or during an inactivity period (sitting or lying down)?

♦ **Circle only one answer**

Yes..... 1

No..... 2

9d. Are the unpleasant sensations relief by activity?

♦ **Circle only one answer**

Yes..... 1

No..... 2

10. Is either **biological parent** of the child (OF ABOUT 12 years) suffering from Restless legs syndrome or did either suffer from Restless legs syndrome as a child?

♦ **i.e. unpleasant sensations in your legs in the evening or at night that force you to move, which happens during an inactivity period, which is relief by activity and which is worst in the evening or at night than in the day.**

♦ **Circle only one answer to each statement**

	Yes	No	Don't know
a) biological mother	1	2	8
b) biological father	1	2	8

Section 2

About your child's (of ABOUT 12 years) eating habits...

11. **IN THE PAST WEEK** at home **AND** at school (or school's daycare service, if any), on average, how many times during the week or how many times per day has your child (of ABOUT 12 years) eaten the following foods:

- ♦ **If you have joint custody of the child, please refer to the most recent week spent with the child**
- ♦ **Circle only one answer to each statement**

In the past week...	None	Times (in the week)			Times (per day)			
		1-2	3-4	5-6	1	2	3	4 and +
a) Milk	1	2	3	4	5	6	7	8
b) Cheese	1	2	3	4	5	6	7	8
c) Yogurt, milk desserts (example: Laura Secord milk puddings)								
♦ Excluding ice cream	1	2	3	4	5	6	7	8
d) Fruits	1	2	3	4	5	6	7	8
e) Juice/Fruit drinks	1	2	3	4	5	6	7	8
f) Sweet drinks/Soft drinks	1	2	3	4	5	6	7	8
g) Vegetables/Potatoes	1	2	3	4	5	6	7	8
h) Poultry/Eggs	1	2	3	4	5	6	7	8
i) Meat (example: pork, beef, veal, etc.)	1	2	3	4	5	6	7	8
j) Fish/Seafood	1	2	3	4	5	6	7	8
k) Legumes, pulse (example: lentils, tofu)	1	2	3	4	5	6	7	8
l) Bread	1	2	3	4	5	6	7	8
m) Cereal (example: Corn Flakes, Froot Loops, etc.)	1	2	3	4	5	6	7	8
n) Pasta/Rice/"Couscous"	1	2	3	4	5	6	7	8
o) Pastries/Candies/Cookies/Chips/ Chewing gum containing sugar								
♦ Don't count SUGAR-FREE chewing gum	1	2	3	4	5	6	7	8

12. Does your child eat breakfast in the morning?

♦ **Circle only one answer**

- Yes, every morning.....1
Regularly, but not every day.....2
On occasion only3
Never4

13. High unemployment and a tight job market have made it hard for an increasing number of families to make ends meet. They even run out of food at times. We would like to know whether your family has experienced a similar situation.

♦ **Circle only one answer to each statement**

Often true	Sometimes true	Never true
------------	----------------	------------

a) We eat the same thing several days in a row because we only have a few different kinds of food on hand, and don't have enough money to buy more.	1	2	3
b) We eat less than we should because we don't have enough money for food.	1	2	3
c) We can't provide balanced meals for our children because we can't afford it financially.	1	2	3

14. **IN THE PAST 12 MONTHS**, has a member of your family ever experienced being hungry because the family had run out of food or money to buy food?

♦ **Circle only one answer**

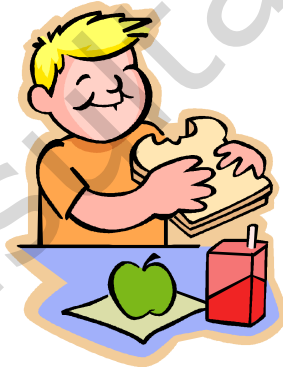
- Yes, regularly, once a month1
Yes, more than once month2
Yes, certain months only3
Yes, occasionally, but not regularly.....4
No.....5

→ **Go to section 3**

15. How do you cope with feeding your child/children when this happens?

◆ **Circle all answers that apply**

- The adults (parents, guardian, etc.) skip meals or eat less1
- Your child (of ABOUT 12 years) skips meals or eats less2
- The other children skip meals or eat less3
- The family eats the same food more often4
- Relatives are called upon for assistance5
- Friends are called upon for assistance6
- One seeks help from the CLSC7
- One seeks help from food bank (Emergency food assistance program)8
- The children have access to a school meal program9
- The family participates in food-related activities through community groups10



Section 3

About health professionals your have consulted for your child (of ABOUT 12 years) ...

16. **IN THE PAST 12 MONTHS**, how many times have you SEEN or TALKED ON THE TELEPHONE with any of the following professionals about **YOUR CHILD'S (OF ABOUT 12 years)** physical, emotional or mental health?

Number of
times

a) A general practitioner, family physician?

♦ Enter 0 if none

b) A pediatrician?

♦ Enter 0 if none

c) Another medical doctor (such as an orthopedist, ophthalmologist)?

♦ Enter 0 if none

d) A public health nurse or nurse practitioner?

♦ Enter 0 if none

e) A dentist, pedodontist (children dentist) or orthodontist?

♦ Enter 0 if none

f) A psychiatrist or psychologist?

♦ Enter 0 if none

g) Any other person trained to provide treatment or counsel, for example a speech therapist, an optometrist, a physiotherapist, a social worker, a child welfare worker or children's aid worker?

♦ Enter 0 if none

h) Which one?



Section 4

About your child's (of ABOUT 12 years) injuries or accidents...

The following questions refer to injuries which occurred in the past 12 months and were serious enough that you or another family member went to see OR thought about seeing a doctor, a nurse or dentist because of, for example, a broken bone, deep cut, a serious burn, a head injury, poisoning, or a sprained ankle.

17. **IN THE PAST 12 MONTHS**, which of the following injuries or accidents have happened to **YOUR CHILD (OF ABOUT 12 years)**?

♦ Circle only one answer to each statement

	Never	One time	Two times	Three times	Four times or more
a) Motor vehicle collision - as passenger	1	2	3	4	5
b) Motor vehicle collision - as pedestrian	1	2	3	4	5
c) Motor vehicle collision - while riding bicycle or rollerblading or skateboarding	1	2	3	4	5
d) Other bicycle or rollerblade or skateboard accident	1	2	3	4	5
e) Fall (excluding bicycle or other sports)	1	2	3	4	5
f) Sports (excluding bicycle or rollerblade or skateboard)	1	2	3	4	5
g) Physical assault	1	2	3	4	5
h) Scalded by hot liquids or food	1	2	3	4	5
i) Accidental poisoning	1	2	3	4	5
j) Self-inflicted poisoning	1	2	3	4	5
k) Other intentionally self-inflicted injuries	1	2	3	4	5
l) Injury caused by natural/environmental factors (ex. animal bite, sting)	1	2	3	4	5
m) Injury caused by fire/flames or resulting fumes	1	2	3	4	5
n) Near drowning	1	2	3	4	5
o) Other	1	2	3	4	5
<p>→ p) Specify : _____</p>					

Section 5

About your relationship with your child's (of ABOUT 12 years) teacher...

18. Please indicate whether you agree or disagree with each of the following statements. Do you: Totally agree, Somewhat agree, Somewhat disagree, Totally disagree?

♦ **If the following does not apply to your situation, circle "7" not applicable**

♦ **Circle only one answer to each statement**

Totally Agree	Somewhat Agree	Somewhat Disagree	Totally Disagree	Not applicable
---------------	----------------	-------------------	------------------	----------------

a) When my child goes through a difficult time at home, I feel at ease to share it with his/her teacher

1

2

3

4

7

b) I feel at ease to communicate to the teacher that I am dissatisfied with certain aspects concerning the class of my child

1

2

3

4

c) Conflicts between the teacher and myself get settled quickly

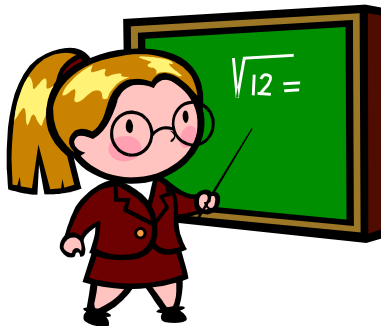
1

2

3

4

7



Section 6

About the pace of your day-to-day life...

19. For each statement, please circle the number that best describes how you felt in general **DURING THE PAST 12 MONTHS.**

♦ Circle only one answer to each statement

	Always	Often	Sometimes	Rarely	Never
a) I felt that I had to rush to get everything done each day.	1	2	3	4	5
b) By the time supper time arrived, I was physically exhausted.	1	2	3	4	5
c) I felt that I had enough time for myself.	1	2	3	4	5

20. **DURING THE LAST TWO WEEKS,** did it happen that you needed help for something like to baby-sit children, run errands, or clean the house?

♦ Help can be provided by anyone in or out the household

♦ Circle only one answer

Yes.....1

No.....2

I don't remember3

} Go to section 7

21. Did you find someone to help you?

♦ Circle "1" for Yes or "2" for No

Yes.....1

No.....2

Section 7

About your well-being...

The following questions bear on certain experiences.

22. Do you fear and avoid certain places (like: elevators, planes, heights, water), animals (like: dogs, insects, or spiders) or situations involving blood or medical or dental procedures?

♦ **Circle only one answer**

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often Constantly

23. Are you very anxious in some social situations and do you avoid them due to the fear of making a blunder or of being judged by others? Those situations may involve starting or carrying on a conversation, eat or write in public, speak to a group, etc.

♦ **Circle only one answer**

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often Constantly

24. Do you ever feel a sudden rush of intense fear or discomfort that comes out of the blue (the attack may involve palpitations, shortness of breath, chest pains, dizziness, fear of dying, etc.)?

♦ **Circle only one answer**

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often Constantly

25. Do you avoid situations due to the fear of not being able to leave or receive help if you develop symptoms such as diarrhea, vomiting, dizziness or a panic attack?

♦ **Circle only one answer**

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often Constantly

26. Do you experience muscle tension or feel restless or on edge when you worry?

♦ Circle only one answer

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often Constantly

27. Do you worry excessively or in an exaggerated fashion to the extent that you find it hard to control your worries?

♦ Circle only one answer

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often Constantly

28. Are you bothered by thoughts, images, or impulses that keep on recurring and may seem inappropriate, bizarre, or non-sensical, but that you can't stop from coming into your mind?

♦ Circle only one answer

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often Constantly

29. Do you feel driven to repeat some behaviour (like: wash, check, or arrange in order) or to repeat something in your mind over and over again to control a thought, prevent something bad from happening, or to feel less uncomfortable?

♦ Circle only one answer

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often Constantly

30. Is your daily life still affected by memories, dreams, or other signs of distress about an event that you experienced or witnessed and which was traumatic or life-threatening for yourself or others?

♦ Circle only one answer

0 1 2 3 4 5 6 7 8
Never Rarely Sometimes Often Constantly

31. Are you strongly preoccupied by the idea that you have a serious disease despite medical reassurance?

♦ **Circle only one answer**

0	1	2	3	4	5	6	7	8
Never		Rarely		Sometimes		Often		Constantly

32. To what extent does one or other of the above signs (questions 22 to 31) interfere with your life in some way, that is your work, social life, family life, etc.?

♦ **Circle only one answer**

0	1	2	3	4	5	6	7	8
Not at all		Mildly		Moderately		Severely		Totally

Section 8

About the support of your family...

33. The following statements are about relationships and the support you get from others. For each of the following, please tell us whether you strongly agree, agree, disagree, or strongly disagree.

♦ **Circle only one answer to each statement**

	Strongly agree	Agree	Disagree	Strongly disagree
a) I have family and friends who help me feel safe, secure and happy	1	2	3	4
b) There is someone I trust whom I would turn to for advice if I were having problems	1	2	3	4
c) There are people I can count on in an emergency	1	2	3	4

34. Besides your friends and family, did community or social service professionals help with your personal problems **DURING THE PAST 12 MONTHS?**

♦ **Circle "1" for Yes or "2" for No**

Yes.....1

No.....2

Section 9

About your conjugal situation...

35. Which of the following best describes your current conjugal situation?

♦ **Circle only one answer**

I live with the child's (of ABOUT 12 years) biological father
and I am the biological mother 1

I am the spouse/partner of the child's (of ABOUT 12 years)
biological father and we live together..... 2

I live with a spouse/partner who is not my child's biological
father 3

I have a spouse/partner who is not my child's biological
father but we don't live together 4

I don't live with my child's biological father and I don't have
a spouse/partner presently 5 → **Go to section 10**

Other..... 6

→ Specify: _____

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your spouse/partner for each item on the following list:

36. Demonstration of affection?

♦ **Circle only one answer**

Always agree 1

Almost always agree..... 2

Occasionally agree 3

Frequently disagree 4

Almost always disagree..... 5

Always disagree 6

37. How often do you discuss or have you considered divorce, separation, or terminating your relationship?

♦ **Circle only one answer**

- All the time1
- Most of the time.....2
- More often than not.....3
- Occasionally4
- Rarely.....5
- Never6

38. In general, how often do you think that things between you and your spouse/partner are going well?

♦ **Circle only one answer**

- All the time1
- Most of the time.....2
- More often than not.....3
- Occasionally4
- Rarely.....5
- Never6

39. Do you confide in your mate?

♦ **Circle only one answer**

- All the time1
- Most of the time.....2
- More often than not.....3
- Occasionally4
- Rarely.....5
- Never6

◆ **Circle only one answer**

- ◆ **Circle only one answer**

◆ **Circle only one answer**

- SAQM ♦ Page 19

Section 10

About situation or conflict...

The following questions may appear difficult to answer, however, they refer to situations that could happen to anyone. We are interested in your personal experience.

43. Has a spouse/partner or someone important to you ever emotionally or physically abused you?

♦ Circle "1" for Yes or "2" for No

Yes.....1

No.....2

44. **IN THE PAST 12 MONTHS**, have you been hit, slapped, kicked or otherwise physically hurt by someone?

♦ Circle "1" for Yes or "2" for No

Yes.....1

No.....2 → Go to question 46

45. By whom were you hurt?

♦ Circle all that apply

Spouse/partner.....1

Ex-spouse/ex-partner.....2

Boyfriend.....3

Other.....4

→ Specify: _____

46. **IN THE PAST 12 MONTHS**, how many times did your partner (or ex-partner) insult you or swear at you when there was a problem?

♦ **Circle only one answer**

- Once..... 1
- Twice..... 2
- 3 to 5 times..... 3
- 6 to 10 times 4
- 11 to 20 times 5
- More than 20 times..... 6
- Never..... 7

47. **IN THE PAST 12 MONTHS**, how many times did your partner (or ex-partner) either leave the room angry or stomp out of the house when experiencing a problem with you?

♦ **Circle only one answer**

- Once..... 1
- Twice..... 2
- 3 to 5 times..... 3
- 6 to 10 times 4
- 11 to 20 times 5
- More than 20 times..... 6
- Never..... 7

Section 11

About family climate...

48. The following statements are about the family you are currently living with. For each one, please indicate which response best describes your family: strongly agree, agree, disagree or strongly disagree.

♦ Circle only one answer to each statement

	Strongly agree	Agree	Disagree	Strongly disagree
a) Individuals (in the family) are accepted for what they are.	1	2	3	4
b) We express feelings to each other.	1	2	3	4
c) There are lots of bad feelings in our family.	1	2	3	4
d) We feel accepted for what we are.	1	2	3	4
e) We are able to make decisions about how to solve problems.	1	2	3	4
f) We don't get along well together.	1	2	3	4
g) We confide in each other.	1	2	3	4

Section 12

About tasks sharing...

49. When you or your spouse/partner (if any) are at home, who does the following tasks?

♦ Circle the appropriate number for each task

Always you	Usually you	You and your spouse/ partner about equally	Usually your spouse/ partner	Always your spouse/ partner	Always or usually another person in the household	Always or usually someone not living in the household
---------------	----------------	---	---------------------------------------	--------------------------------------	---	---

a) Dressing the children and/or seeing that the children are properly dressed.

1 2 3 4 5 6 7

b) Putting the children to bed and/or see that they go to bed.

1 2 3 4 5 6 7

c) Staying at home with the children when they are ill.

1 2 3 4 5 6 7

d) Playing with the children and/or taking part in leisure activities with them.

1 2 3 4 5 6 7

e) Helping the children with homework.

1 2 3 4 5 6 7

f) Taking the children to/from school and/or day care.

1 2 3 4 5 6 7

g) Taking care of housework (like preparing meals, tidying up, doing the dishes, etc.).

1 2 3 4 5 6 7

Dear respondent...

If you are **not** living with the BIOLOGICAL FATHER of your child (of about 12 years), please FILL OUT THE FOLLOWING SECTION (section 13).

If, however, you are living **with** the BIOLOGICAL FATHER of your child (of about 12 years), please GO DIRECTLY TO THE LAST PAGE OF THE QUESTIONNAIRE to share your comments with us, if any.

ATTENTION:

If the biological father of your child (of about 12 years) **deceased**, please GO DIRECTLY TO THE LAST PAGE OF THE QUESTIONNAIRE to share your comments with us, if any.



Section 13

About the biological father of your child (of ABOUT 12 years) ...

The following questions concern your relationship with the biological father of your child (of ABOUT 12 years) **who does not live with you**, either because you never lived with him or because you are separated or divorced.

50. If you have separated from the biological father of your child (of ABOUT 12 years) **SINCE OUR LAST INTERVIEW** two years ago, how would you describe the emotional atmosphere surrounding the separation?

- ♦ **If separation occurred more than two years ago, circle "5" I have been separated for more than two years**
- ♦ **Circle only one answer**

I have been separated for more than two years.....5

Good1

Fairly good2

Bad3

Very bad4

I never maintained an ongoing relationship with the biological father.....6

51. Are you still in touch with the biological father of your child?

- ♦ **Circle "1" for Yes or "2" for No**

Yes..... 1

No..... 2 → **Go to question 53**

52. How would you describe the **current** situation between you and the biological father of your child (of ABOUT 12 years)?

- ♦ **Circle only one answer**

Good 1

Fairly good 2

Bad 3

Very bad 4

53. How much contact does the biological father have with his child (of ABOUT 12 years) (example: phone calls, visits, child custody, etc.)?

♦ **Circle only one answer**

- Never1
- Every day.....2
- Several times a week.....3
- Several times a month.....4
- Occasionally5

54. How do you feel about the extent of the biological father's involvement as a parent with your child (example: contacts, custody arrangements, etc.)? Is it...?

♦ **Circle only one answer**

- Very satisfactory1
- Somewhat satisfactory.....2
- Somewhat unsatisfactory3
- Very unsatisfactory.....4

55. How do you feel about the extent of financial support from the biological father of your child? Is it...?

♦ **Circle only one answer**

- Very satisfactory1
- Somewhat satisfactory.....2
- Somewhat unsatisfactory3
- Very unsatisfactory.....4

Your comments

Kindly indicate your comments in the space below. Your feedback is appreciated.

Please complete your questionnaire and give it back to the interviewer or place it in the enclosed envelope and forward by mail as soon as possible.

Thank you for your cooperation!